## STATE OF MINNESOTA DEPARTMENT OF COMMERCE

## Bulletin 89-2

All Insurers Who Write Medicare Supplement Insurance To: In Minnesota

According to Section 1882(b)(1)(E) of Title XVIII of the Social Security Act, Section 4081 of the Omnibus Budget Reconciliation Act (OBRA) of 1987 requires each State to provide a list of Medicare supplement policies to the Secretary of Health and Human Services annually. This bulletin is to advise you of your compliance with this provision and the specific information requirements for such a list.

List should be submitted in substantially the same format as shown in enclosure 1 and contain the following information:

- Company name, address and telephone number.
- Mailing address where Medicare carriers can send claims notices, and name and telephone number of a contact person for the Medicare carrier.
- Policy form number and the date approved, with an indication of policies that have been newly approved or withdrawn from approval since the previous list was provided.
- Name for each policy issued under the policy form number (this may be the trade name or, if a specific name is not used, another designation which identifies the policy).

Commissioner of Commerce

Dated this 25th day of May, 1989

DATE:

Company Name:

Medicare Supplement Policies - Reporting Requirements SUBJECT:

for Health Care Financing Administration (HCFA)

In order for our Department to comply with certain reporting requirements under Section 1882(b)(1)(E) of Title XVIII of the Social Security Act, we need information from those companies that write or have in force Medicare supplement policies in the State of Minnesota.

Please complete this form and return it to John Gross by August 1, 1989 at the latest. Only companies that write or have in force Medicare supplement policies in Minnesota nor has Medicare supplement policies in force in Minnesota. Do  $\underline{\text{NOT}}$  submit this form or any other correspondence if your company neither writes Medicare supplement policies in Minnesota nor has Medicare supplement policies in force in Minnesota.

Address:				
Phone Numbers	3:			
Address where	e Medicare carrie	er should send claims not	ices:	
Contact Perso	on for Medicare o	carrier <u>:</u>		
Phone Number				
FORM NUMBER	DATE APPROVED	POLICY NAME (If one is not used, show description of policy form or other designation used to identify policy.)	CHECK Currently Being Sold	ONF Closed Block of Business
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